

Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form
(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement
☒ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
☐ Special Odd-Year Campaign Report
☐ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period
from Oct 4, 1994
through Oct 22, 1994
Date of election if applicable:
(Month, Day, Year)
Nov 8, 1994

Date Stamp
RECEIVED
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SAN JOSE, CA

COVER PAGE ONG FORM
CALIFORNIA 1994 FORM 490
Page 1 of 5
For Official Use Only

**I Officeholder, Candidate, and Controlled Committee
Included in this Statement**

NAME OF OFFICEHOLDER OR CANDIDATE

John L. Young

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lodi City Council

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

600 TARA PLACE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95240 209-334-3864

COMMITTEE NAME COMMITTEE TO ELECT I.D. NUMBER

John L. Young for City Council 942850

COMMITTEE ADDRESS (NO. AND STREET)

600 TARA PLACE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95240 209-334-3864

NAME OF TREASURER

John L. Young

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

600 TARA PLACE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95240 209-334-3864

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS (NO. AND STREET) ☐ YES ☐ NO

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS (NO. AND STREET) ☐ YES ☐ NO

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COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS (NO. AND STREET) ☐ YES ☐ NO

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Oct 24, 1994 At Lodi, CA

By John L. Young SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Oct 24, 1994 At Lodi, CA

By John L. Young SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To Elect John L. Young for City Council

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ 223 ⁰⁰	\$ 3028 ⁵⁹	\$ 3028 ⁵⁹ = 3251 ⁵⁹
2. Loans Received	Schedule B, Line 7	\$ 0	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 223 ⁰⁰	\$ 3028 ⁵⁹	\$ 3028 ⁵⁹ = 3251 ⁵⁹
4. Non-monetary Contributions	Schedule C, Line 3	\$ 223 ⁰⁰	\$ 0	\$ 223 ⁰⁰
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 446 ⁰⁰	\$ 3028 ⁵⁹	\$ 3251 ⁵⁹
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	\$ 0	\$ 0	\$ 0
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 446 ⁰⁰	\$ 3028 ⁵⁹	\$ 3251 ⁵⁹

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 1764 ⁹⁹	\$ 1375 ²⁵	\$ 3140 ²⁴
9. Loans Made	Schedule H, Line 7	\$ 0	\$ 0	\$ 0
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 1764 ⁹⁹	\$ 1375 ²⁵	\$ 3140 ²⁴
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	\$ 0	\$ 0	\$ 0
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 1764 ⁹⁹	\$ 1375 ²⁵	\$ 3140 ²⁴

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 1653 ³⁴
14. Cash Receipts	Column A, Line 3 above	\$ 223 ⁰⁰
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0
16. Cash Payments	Column A, Line 10 above	\$ 1764 ⁹⁹
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 111 ³⁵

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ 0
19. Cash Equivalents	See instructions on reverse	\$ 0
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ 0

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ 0	\$ 3251 ⁵⁹
22. Expenditures Made	\$ 0	\$ 3140 ²⁴

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>Oct 1, 1994</u> through <u>Oct 22, 1994</u>		CALIFORNIA 1994 FORM 490
		Page <u>3</u> of <u>5</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER <u>942850</u>

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
SUBTOTAL \$					

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ None
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 223⁰⁰
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 223⁰⁰

Schedule C
Non-Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE C

Statement covers period from <u>Oct 1, 1994</u> through <u>Oct 22, 1994</u>		CALIFORNIA CD FORM 490
		Page <u>4</u> of <u>5</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER <u>942850</u>

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.
 (Include all Schedule C subtotals.) \$ 0
- Amount received this period — non-monetary contributions of less than \$100.
 (Do not itemize.) \$0228²⁷
- Total non-monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TOTAL \$0228²⁷

Schedule E
Payments and Contributions
(Other Than Loans) Made

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE E

Statement covers period from <u>Oct 1, 1994</u> through <u>Oct 22, 1994</u>		CALIFORNIA 1994 FORM 490
		Page <u>5</u> of <u>5</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>Committee To Elect John L. Young for City Council</u>		I.D. NUMBER <u>942850</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "I" - INDEPENDENT EXPENDITURES | "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE | "O" - OUTSIDE ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.			
	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
STOCKTON RECORD STOCKTON, CA.	N		Newspaper advertising	498 ⁷⁸
Lodi News Sentinel Lodi CA	N		Newspaper advertising	1246 ⁶⁶

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 1745⁴⁴

Payments and Contributions Made Summary

- | | |
|---|-----------------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ <u>1245⁴⁴</u> |
| 2. Payments made this period of under \$100. (Do not itemize.) | \$ <u>19⁵⁵</u> |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) | \$ <u>0</u> |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) | \$ <u>0</u> |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) | TOTAL \$ <u>1764⁹⁹</u> |